

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Western Majority Project

ADDRESS (number and street)

191 University Blvd. #824

☐Check if different  
than previously  
reported. (ACC)

Denver

CO

80206

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00432211

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2008

through

03

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Alice Madden

Signature of Treasurer

Electronically Filed by Alice Madden

Date

06

16

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Western Majority Project

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		50824.23
(b) Cash on Hand at Beginning of Reporting Period .....	50824.23	
(c) Total Receipts (from Line 19) .....	0.00	0.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	50824.23	50824.23
7. Total Disbursements (from Line 31) .....	20995.33	20995.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	29828.90	29828.90
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	4930.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Western Majority Project

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	0.00	0.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	20995.33	20995.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	20995.33	20995.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20995.33	20995.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20995.33	20995.33

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20995.33	20995.33
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20995.33	20995.33

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Western Majority Project

**A.**

Full Name (Last, First, Middle Initial)  
CommonCentsConsulting, LLC

Mailing Address PO Box 12011

City State Zip Code  
Casa Grande AZ 85230

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-02-00026-00035  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
CommonCentsConsulting, LLC

Mailing Address PO Box 12011

City State Zip Code  
Casa Grande AZ 85230

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-02-00026-00036  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
CommonCentsConsulting, LLC

Mailing Address PO Box 12011

City State Zip Code  
Casa Grande AZ 85230

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-02-00026-00037  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Western Majority Project

**A.**

Full Name (Last, First, Middle Initial)  
CommonCentsConsulting, LLC

Mailing Address PO Box 12011

City Casa Grande State AZ Zip Code 85230

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-02-00026-00038

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
CommonCentsConsulting, LLC

Mailing Address PO Box 12011

City Casa Grande State AZ Zip Code 85230

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-02-00026-00039

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
CommonCentsConsulting, LLC

Mailing Address PO Box 12011

City Casa Grande State AZ Zip Code 85230

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-02-00026-00040

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Western Majority Project

**A.**

Full Name (Last, First, Middle Initial)  
Patton Technologies, LLC

Mailing Address 2333 Alexandria Drive

City Lexington State KY Zip Code 40504

Purpose of Disbursement  
Software Licensing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-02-00027-00041  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)  
Patton Technologies, LLC

Mailing Address 2333 Alexandria Drive

City Lexington State KY Zip Code 40504

Purpose of Disbursement  
Software Licensing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-02-00027-00042  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)  
Perkins Coie

Mailing Address 1201 Third Avenue, 40th Floor

City Seattle State WA Zip Code 98101

Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-02-00028-00043  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

126.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1626.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Western Majority Project

<b>A.</b> Full Name (Last, First, Middle Initial) Perkins Coie	<b>Transaction ID:</b> 21b-02-00028-00044 <b>Date of Disbursement</b>																				
Mailing Address 1201 Third Avenue, 40th Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	0	8												
City State Zip Code Seattle WA 98101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Legal Services	<table border="1"> <tr> <td colspan="10">630.00</td> </tr> </table>	630.00																			
630.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CommonCentsConsulting, LLC	<b>Transaction ID:</b> 21b-02-00026-00034 <b>Date of Disbursement</b>																				
Mailing Address PO Box 12011	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	0	8												
City State Zip Code Casa Grande AZ 85230	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Compliance Consulting	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Perkins Coie	<b>Transaction ID:</b> 21b-02-00028-00046 <b>Date of Disbursement</b>																				
Mailing Address 1201 Third Avenue, 40th Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	0	8												
City State Zip Code Seattle WA 98101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Legal Services	<table border="1"> <tr> <td colspan="10">490.00</td> </tr> </table>	490.00																			
490.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1620.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Western Majority Project

<b>A.</b> Full Name (Last, First, Middle Initial) Perkins Coie	<b>Transaction ID:</b> 21b-02-00028-00047 <b>Date of Disbursement</b>																				
Mailing Address 1201 Third Avenue, 40th Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	0	8												
City State Zip Code Seattle WA 98101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Legal Services	<table border="1"> <tr> <td colspan="10">590.00</td> </tr> </table>	590.00																			
590.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) R&R Partners, Inc.	<b>Transaction ID:</b> 21b-02-00029-00048 <b>Date of Disbursement</b>																				
Mailing Address 900 S. Pavilion Center Dr. Suite 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	0	8												
City State Zip Code Las Vegas NV 89144	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Logo Design	<table border="1"> <tr> <td colspan="10">202.00</td> </tr> </table>	202.00																			
202.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) R&R Partners, Inc.	<b>Transaction ID:</b> 21b-02-00029-00050 <b>Date of Disbursement</b>																				
Mailing Address 900 S. Pavilion Center Dr. Suite 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	0	8												
City State Zip Code Las Vegas NV 89144	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Design and Printing	<table border="1"> <tr> <td colspan="10">310.00</td> </tr> </table>	310.00																			
310.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1102.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Western Majority Project

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) The Ashmead Group</p> <p>Mailing Address 223 Massachusetts Ave, NE 2nd Floor</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-02-00030-00053</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) The Ashmead Group</p> <p>Mailing Address 223 Massachusetts Ave, NE 2nd Floor</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-02-00030-00054</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2912.94"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) The Ashmead Group</p> <p>Mailing Address 223 Massachusetts Ave, NE 2nd Floor</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 21b-02-00030-00055</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5510.39"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**13423.33**

**TOTAL** This Period (last page this line number only) .....

**20771.33**

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 12 / 22

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Western Majority Project

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CommonCentsConsulting, LLC

Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 12011

City State ZIP Code  
Casa Grande AZ 85230

Outstanding Balance Beginning This Period

500.00

Transaction ID: 10-000003

Amount Incurred This Period

0.00

Payment This Period

500.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CommonCentsConsulting, LLC

Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 12011

City State ZIP Code  
Casa Grande AZ 85230

Outstanding Balance Beginning This Period

500.00

Transaction ID: 10-000004

Amount Incurred This Period

0.00

Payment This Period

500.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CommonCentsConsulting, LLC

Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 12011

City State ZIP Code  
Casa Grande AZ 85230

Outstanding Balance Beginning This Period

500.00

Transaction ID: 10-000005

Amount Incurred This Period

0.00

Payment This Period

500.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 13 / 22

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Western Majority Project

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CommonCentsConsulting, LLC

Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 12011

City State ZIP Code  
Casa Grande AZ 85230

Outstanding Balance Beginning This Period

500.00

Transaction ID: 10-000006

Amount Incurred This Period

0.00

Payment This Period

500.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CommonCentsConsulting, LLC

Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 12011

City State ZIP Code  
Casa Grande AZ 85230

Outstanding Balance Beginning This Period

500.00

Transaction ID: 10-000007

Amount Incurred This Period

0.00

Payment This Period

500.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CommonCentsConsulting, LLC

Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO Box 12011

City State ZIP Code  
Casa Grande AZ 85230

Outstanding Balance Beginning This Period

500.00

Transaction ID: 10-000008

Amount Incurred This Period

0.00

Payment This Period

500.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 14 / 22

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Western Majority Project**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CommonCentsConsulting, LLCNature of Debt (Purpose):  
Compliance Consutling

Mailing Address PO Box 12011

City State ZIP Code  
Casa Grande AZ 85230

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000028

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CommonCentsConsulting, LLCNature of Debt (Purpose):  
Compliance Consulting

Mailing Address PO Box 12011

City State ZIP Code  
Casa Grande AZ 85230

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000029

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Patton Technologies, LLCNature of Debt (Purpose):  
Compliance Software

Mailing Address 2333 Alexandria Drive

City State ZIP Code  
Lexington KY 40504

Outstanding Balance Beginning This Period

750.00

Transaction ID: 10-000001

Amount Incurred This Period

0.00

Payment This Period

750.00

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

1000.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 15 / 22

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Western Majority Project**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Patton Technologies, LLCNature of Debt (Purpose):  
Compliance Software

Mailing Address 2333 Alexandria Drive

City State ZIP Code  
Lexington KY 40504

Outstanding Balance Beginning This Period

750.00

Transaction ID: 10-000002

Amount Incurred This Period

0.00

Payment This Period

750.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Patton Technologies, LLCNature of Debt (Purpose):  
Software Licensing Fee

Mailing Address 2333 Alexandria Drive

City State ZIP Code  
Lexington KY 40504

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000027

Amount Incurred This Period

750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins CoieNature of Debt (Purpose):  
Legal Services

Mailing Address 1201 Third Avenue, 40th Floor

City State ZIP Code  
Seattle WA 98101

Outstanding Balance Beginning This Period

126.00

Transaction ID: 10-000014

Amount Incurred This Period

0.00

Payment This Period

126.00

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

750.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 / 22

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Western Majority Project

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins Coie

Nature of Debt (Purpose):  
Legal Services

Mailing Address 1201 Third Avenue, 40th Floor

City State ZIP Code  
Seattle WA 98101

Outstanding Balance Beginning This Period

630.00

Transaction ID: 10-000015

Amount Incurred This Period

0.00

Payment This Period

630.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins Coie

Nature of Debt (Purpose):  
Legal Services

Mailing Address 1201 Third Avenue, 40th Floor

City State ZIP Code  
Seattle WA 98101

Outstanding Balance Beginning This Period

90.00

Transaction ID: 10-000016

Amount Incurred This Period

0.00

Payment This Period

90.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins Coie

Nature of Debt (Purpose):  
Legal Services

Mailing Address 1201 Third Avenue, 40th Floor

City State ZIP Code  
Seattle WA 98101

Outstanding Balance Beginning This Period

490.00

Transaction ID: 10-000012

Amount Incurred This Period

0.00

Payment This Period

490.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 17 / 22

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Western Majority Project**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins CoieNature of Debt (Purpose):  
Legal Services

Mailing Address 1201 Third Avenue, 40th Floor

City State ZIP Code  
Seattle WA 98101

Outstanding Balance Beginning This Period

590.00

Transaction ID: 10-000013

Amount Incurred This Period

0.00

Payment This Period

590.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins CoieNature of Debt (Purpose):  
Legal Services

Mailing Address 1201 Third Avenue, 40th Floor

City State ZIP Code  
Seattle WA 98101

Outstanding Balance Beginning This Period

0.00

Transaction ID: 10-000026

Amount Incurred This Period

180.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

180.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
R&R Partners, Inc.Nature of Debt (Purpose):  
Printing and Design ServicesMailing Address 900 S. Pavilion Center Dr.  
Suite 100City State ZIP Code  
Las Vegas NV 89144

Outstanding Balance Beginning This Period

646.00

Transaction ID: 10-000017

Amount Incurred This Period

0.00

Payment This Period

646.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

180.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 / 22

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Western Majority Project**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Ashmead GroupNature of Debt (Purpose):  
Fundraising ConsultingMailing Address 223 Massachusetts Ave, NE  
2nd FloorCity State ZIP Code  
Washington DC 20002

Outstanding Balance Beginning This Period

2912.94

Transaction ID: 10-000009

Amount Incurred This Period

0.00

Payment This Period

2912.94

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Ashmead GroupNature of Debt (Purpose):  
Fundraising ConsultingMailing Address 223 Massachusetts Ave, NE  
2nd FloorCity State ZIP Code  
Washington DC 20002

Outstanding Balance Beginning This Period

5510.39

Transaction ID: 10-000010

Amount Incurred This Period

0.00

Payment This Period

5510.39

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Ashmead GroupNature of Debt (Purpose):  
Fundraising ConsultantMailing Address 223 Massachusetts Ave, NE  
2nd FloorCity State ZIP Code  
Washington DC 20002

Outstanding Balance Beginning This Period

5000.00

Transaction ID: 10-000018

Amount Incurred This Period

0.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 19 / 22

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Western Majority Project**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Ashmead GroupNature of Debt (Purpose):  
Fundraising ConsultingMailing Address 223 Massachusetts Ave, NE  
2nd FloorCity State ZIP Code  
Washington DC 20002

Outstanding Balance Beginning This Period

1000.00

Transaction ID: 10-000020

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Ashmead GroupNature of Debt (Purpose):  
Fundraising ConsultingMailing Address 223 Massachusetts Ave, NE  
2nd FloorCity State ZIP Code  
Washington DC 20002

Outstanding Balance Beginning This Period

1000.00

Transaction ID: 10-000021

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Ashmead GroupNature of Debt (Purpose):  
Fundraising ConsultingMailing Address 223 Massachusetts Ave, NE  
2nd FloorCity State ZIP Code  
Washington DC 20002

Outstanding Balance Beginning This Period

1000.00

Transaction ID: 10-000019

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

**1) SUBTOTALS** This Period This Page (optional).....

3000.00

**2) TOTALS** This Period (last page this line number only).....

4930.00

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

4930.00

Form/Schedule: **F3XN**

Transaction ID:

The Committee is disclosing limited disbursements for administrative expenses due to the fact that the Committee does not operate from a permanent office and has no employees, rent or utility expenses. The Committee is operated by Consultants that utilize their own telephone service, office equipment and office space as part of their monthly services.

Form/Schedule: **F3XA**

Transaction ID:

The Committee is in receipt of the Commission's Request for Further Information dated 05-16-2008 regarding the clarification of Fundraising Consulting and Design and Printing as reported on Schedule B. Please note these expenditures have been clarified with Text Memo's on this amended report.

**Image# 28931890964**

Form/Schedule: **SB21b**

Transaction ID: **21b-02-00029-00050**

Booklet describing PAC Mission Statement and Positions - not attributable to any candidate for federal office and not a public communication

Form/Schedule: **SB21b**

Transaction ID: **21b-02-00030-00053**

Not attributable to any candidate for federal office

\*\*\*\*\*

**Image# 28931890965**

Form/Schedule: **SB21b**

Transaction ID: **21b-02-00030-00054**

Not attributable to any candidate for federal office

Form/Schedule: **SB21b**

Transaction ID: **21b-02-00030-00055**

Not attributable to any candidate for federal office

\*\*\*\*\*